

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	668	5/27/93
TYPIST	315	10-10-93
VERIFIER		11
CORPS CORR.		9-13
SPEC. HAND	440	8-18-93
FILE MAINT.	TC	6-14-93
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	8/4/94
2	12/1/95
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BEST AVAILABLE COPY

SYMBOLS  
✓ ..... Rejected  
- ..... Allowed  
- (Through numeral) ..... Canceled  
+ ..... Restricted  
N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final	
Original	
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